

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Kidney Centers
Managed Care Plans

Memorandum No: 05-50 MAA
Issued: June 30, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

Subject: Kidney Center Services: Fee Schedule Changes

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2005 relative value units (RVUs);
- The updated Medicare Clinical Laboratory Fee Schedule (MCLFS); and
- The updated Medicare Single Drug Pricer (SDP).

MAA is also implementing a one percent (1.0) vendor rate increase authorized by the 2005 Washington State legislature.

Maximum Allowable Fees

MAA is updating the Kidney Center Services fee schedule with Year 2005 RVUs and clinical laboratory fees and a one percent (1.0) vendor rate increase that the Legislature appropriated for the 2006 fiscal year. The maximum allowable fees have been adjusted to reflect these changes.

MAA uses Medicare's single Drug Pricer (SDP) in determining maximum allowable fees for drugs administered in a kidney center. MAA's maximum allowable fee is based on 86% of Medicare's Average Wholesale Price (AWP), as reported in the SDP.

MAA updates, on a quarterly basis, the maximum allowable fees for drugs administered in a kidney center. **These quarterly drug updates are posted online only.** Please check MAA's website for current Injectable Drug Updates.

<http://fortress.wa.gov/dshs/maa/download/PublicationsFees.htm>

Click **Fee Schedule**, under **Injectable Drug Updates**, click the file with the most current date.

Attached are updated replacement pages F.1–F.7 for MAA's current *Kidney Center Services Billing Instructions*.

Bill MAA your usual and customary charge.

Diagnosis Reminder

Billing invalid or incomplete ICD-9-CM diagnosis codes **will** result in claim denials. MAA will update all diagnosis code references to reflect mandatory 4th and 5th digits as billing instructions are published/updated.

MAA's Provider Issuances

To view and download MAA's numbered memoranda and billing instructions electronically, visit MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily).
 - a) Click *General Store*.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either *I'm New* or *Been Here*.
 - ii. If new, fill out the registration and click *Register*.
 - iii. If returning, type your email and password and then click *Login*.
 - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
 - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications*, or *Issuance Correction*. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Fee Schedule

Revenue and Procedure Codes

Revenue Code	Description	Maximum Allowable Fee
<u>Pharmacy</u>		
0260	Administration of drugs by IV/intramuscular (non-renal related and/or not covered by Medicare).	By Report
<u>Medical/Surgical Supplies and Devices</u> (Requires specific identification using a HCPCS code)		
0270*	Medical/surgical supplies and devices	
Note: In order to receive payment for revenue code 270, the procedure code of the specific supply given must be indicated in field 44 of the UB-92 claim form. Reimbursement is limited to <u>those supplies listed below</u> .		
Procedure Code	Type of Supply	Maximum Allowable Fee
A4657	Syringe, with or without needle	\$.24/per supply package

Revenue Code	Description	Maximum Allowable Fee
0270*	<u>Medical/Surgical Supplies and Devices Continued</u>	
Procedure Code	Type of Supply	Maximum Allowable Fee
A4750	Blood tubing, arterial or venous, for hemodialysis, each	12.70
A4913	Miscellaneous dialysis supplies (use for IV tubing, pump)	24.35

Revenue Code	Description	Maximum Allowable Fee
<u>Laboratory</u>		
0303	Laboratory, renal patient (home)	By Report
0304	Laboratory, non-routine dialysis	By Report

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Fee Schedule

Please note the following items:

- MAA does not reimburse providers for blood and blood products.
- Reimbursement is limited to blood bank service charges for processing the blood and blood products (refer to WAC 388-550-6500).
- The codes listed below must be used to represent the following costs: 1) blood processing and other fees assessed by non-profit blood centers that do not charge for the blood or blood products themselves; or 2) costs incurred by a center to administer its in-house blood procurement program. However, these costs must not include any staff time used to administer blood.

Revenue Code	Description	Maximum Allowable Fee
0390	<u>Blood Processing for Transfusion</u> (Requires specific identification using a HCPCS code)	
Procedure Code	Blood Processing for Transfusion	Maximum Allowable Fee
P9010	Blood (whole), for transfusion, per unit	\$55.11
P9011	Blood (split unit), specify amount	By Report
P9012	Cryoprecipitate, each unit	26.20
P9016	Red blood cells, leukocytes reduced, each unit	45.53
P9017	Fresh frozen plasma (single donor), each unit	47.82
P9019	Platelets, each unit	By Report
P9020	Platelet rich plasma, each unit	By Report
P9021	Red blood cells, each unit	66.64
P9022	Red blood cells, washed, each unit	20.50
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	By Report
P9031	Platelets, leukocytes reduced, each unit	By Report
P9032	Platelets, irradiated, each unit	By Report
P9033	Platelets, leukocytes reduced, irradiated, each unit	By Report
P9034	Platelets, pheresis, each unit	By Report
P9035	Platelets, pheresis, leukocytes reduced, each unit	By Report
P9036	Platelets, pheresis, irradiated, each unit	By Report
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	By Report
P9038	Red blood cells, irradiated, each unit	By Report
P9039	Red blood cells, deglycerolized, each unit	By Report
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	By Report
P9041	Infusion, albumin (human), 5%, 50 ml	14.54
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	14.54
P9044	Plasma, cryoprecipitate reduced, each unit	By Report
P9045	Infusion, albumin (human), 5%, 250 ml	55.10
P9046	Infusion, albumin (human), 25%, 20ml	14.54

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Fee Schedule

Revenue Code	Description	Maximum Allowable Fee
0390	<u>Blood Processing for Transfusion Continued</u>	
Procedure Code	Blood Processing for Transfusion	Maximum Allowable Fee
P9047	Infusion, albumin (human). 25%, 50ml	\$55.10
P9048	Infusion, plasma protein fraction (human), 5%, 250ml	29.10
P9050	Granulocytes, pheresis, each unit	By Report
P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	By Report
P9055	Platelets, leukocytes reduced, cmv-negative, apheresis/pheresis, each unit	By Report
P9056	Whole blood, leukocytes reduced, irradiated, each unit	By Report
P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	By Report
P9058	Red blood cells, leukocytes reduced, cmv-negative, irradiated, each unit	By Report
P9059	Fresh frozen plasma between 8-24 hours of collection, each unit	By Report
P9060	Fresh frozen plasma, donor retested, each unit	By Report

Revenue Code	Description	Maximum Allowable Fee
	<u>Epoetin Alpha (EPO)</u>	
	Note: When billing with revenue codes 634 and 635, each billing unit reported on the claim form represents 100 units of EPO given.	
0634*	Erythropoietin (EPO) less than 10,000 units	0.98
0635*	Erythropoietin (EPO) 10,000 or more units	0.98

Revenue Code	Description	Maximum Allowable Fee
	<u>Other Drugs Requiring Specific Identification</u>	
0636*	Administration of drugs (bill number of units based on the description of the drug code) Note: In order to receive payment for revenue code 636, the procedure code of the specific drug given must be indicated in field 44 of the UB-92 claim form. Reimbursement is limited to <u>those drugs listed below</u> .	
90655	Flu vaccine, preservative free, 6-35 mo, im	13.68
90656	Flu vaccine, preservative free, 3 yrs & above, im	13.68

* For clients who have dual coverage (Medicare/Medicaid) the asterisked (*) drugs, supplies, and services must first be billed to Medicare.

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Fee Schedule

Revenue Code	Description	Maximum Allowable Fee	
0636*	<u>Other Drugs Requiring Specific Identification Continued</u>		
Procedure Code	Name of Drug	Admin. Dose	Maximum Allowable Fee
90657	Flu vaccine, 6-35 mo, im		\$6.19
90658	Flu vaccine, 3 yrs & above, im		8.26
90660	Flu vaccine, live, intranasal		NC
90732	Pneumococcal vaccine		22.24
90747	Immunization, active: Hepatitis B vaccine	40 mcg	103.12
J0280	Injection, Aminophyllin	250 mg	0.37
J0285	Amphotericin	50 mg	16.84
J0290	Ampicillin Sodium	500 mg	2.21
J0295	Ampicillin Sodium/Sulbactam sodium	1.5 g	6.37
J0360	Injection, Hydralazine HCl	20 mg	5.91
J0530	Penicillin G Benzathine and Procaine	600,000 u	12.31
J0610	Calcium Gluconate	10 ml	0.40
J0630	Calcitonin Salmon	400 u	36.14
J0636	Calcitriol	0.1 mcg	0.62
J0640	Leucovorin Calcium	50 mg	1.30
J0690	Cefazolin Sodium	500 mg	1.39
J0694	Cefoxitin Sodium	1 gm	8.71
J0696	Ceftriaxone Sodium	250 mg	6.80
J0697	Cefuroxime Sodium	750 mg	4.90
J0702	Betamethasone Acetate and Betamethasone Sodium Phosphate	3 mg	4.88
J0704	Betamethasone Sodium Phosphate	4 mg	1.13
J0710	Cephapirin Sodium	1gm	1.41
J0713	Ceftazidime	500 mg	4.02
J0745	Codeine Phosphate	30mg	0.58
J0780	Prochlorperazine	10 mg	2.97
J0895	Deferoxamine Mesylate	500 mg	14.93
J0970	Estradiol Valerate	40 mg	29.79
J1060	Testosterone Cypionate and Estradiol Cypionate	1 ml	4.14
J1070	Testosterone Cypionate	100 mg	5.07
J1080	Testosterone Cypionate, 1 cc	200 mg	13.51
J1094	Dexamethasone Acetate	1 mg	0.60
J1160	Digoxin	0.5 mg	2.55
J1165	Phenytoin Sodium	50 mg	0.68
J1170	Hydromorphone	4 mg	1.77
J1200	Diphenhydramine HCl	50 mg	0.88

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Fee Schedule

Revenue Code	Description	Maximum Allowable Fee	
0636*	<u>Other Drugs Requiring Specific Identification Continued</u>		
Procedure Code	Name of Drug	Admin. Dose	Maximum Allowable Fee
J1240	Dimenhydrinate	50 mg	\$2.65
J1270	Injection, doxercalciferol	1 mcg	1.50
J1335	Injection, ertapenem sodium	500 mg	21.34
J1580	Gentamicin Sulfate	80 mg	0.95
J1630	Haloperidol	5 mg	2.98
J1631	Haloperidol Decanoate	50 mg	5.52
J1645	Dalteparin Sodium	2500 IU	11.00
J1720	Hydrocortisone Sodium Succinate	100 mg	1.89
J1750	Iron Dextran	50 mg	11.22
J1756	Injection of Iron Sucrose	1 mg	0.37
J1790	Droperidol	5 mg	1.08
J1800	Propranolol HCl	1 mg	4.59
J1840	Kanamycin Sulfate	500 mg	3.67
J1885	Ketorolac Tromethamine	15 mg	0.55
J1890	Cephalothin Sodium	1 gm	8.64
J1940	Furosemide	20 mg	0.46
J1955	Levocarnitine	1 gm	12.17
J1956	Injection, levofloxacin	250 mg	7.80
J1990	Chlordiazepoxide HCl	100 mg	22.31
J2001	Lidocaine HCl	10 mg	0.02
J2060	Lorazepam	2 mg	1.47
J2150	Mannitol 25%	50 ml	0.83
J2175	Meperidine HCl	100 mg	1.61
J2270	Morphine Sulfate	10 mg	2.21
J2275	Morphine Sulfate (sterile solution)	10 mg	6.91
J2320	Nandrolone Decanoate	50 mg	3.40
J2321	Nandrolone Decanoate	100 mg	6.72
J2322	Nandrolone Decanoate	200 mg	13.73
J2501	Paricalcitol	1 mcg	3.87
J2510	Penicillin G Procaine Aqueous	600,000 u	8.43
J2540	Penicillin G Potassium	600,000 u	1.35
J2550	Promethazine HCl	50 mg	2.15
J2560	Phenobarbital Sodium	120 mg	3.24
J2690	Procainamide HCl	1 gm	1.07
J2700	Oxacillin Sodium	250 mg	1.55

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Fee Schedule

Revenue Code	Description	Maximum Allowable Fee	
0636*	<u>Other Drugs Requiring Specific Identification Continued</u>		
Procedure Code	Name of Drug	Admin. Dose	Maximum Allowable Fee
J2720	Protamine Sulfate	10 mg	\$0.31
J2765	Metoclopramide HCl	10 mg	0.47
J2800	Methocarbamol	10 ml	3.20
J2916	Sodium Ferric Gluconate Complex in Sucrose Injection	12.5 mg	4.71
J2920	Methylprednisolone Sodium Succinate	40 mg	1.99
J2930	Methylprednisolone Sodium Succinate	125 mg	2.62
J2995	Streptokinase	250,000 IU	79.50
J2997	Alteplase Recombinant	1 mg	30.77
J3000	Streptomycin	1 gm	7.54
J3010	Fentanyl Citrate	0.1 mg	0.30
J3070	Pentazocine HCl	30 mg	3.85
J3120	Testosterone Enanthate	100 mg	7.72
J3130	Testosterone Enanthate	200 mg	15.44
J3230	Chlorpromazine HCl	50 mg	2.92
J3250	Trimethobenzamide HCl	200 mg	4.58
J3260	Tobramycin Sulfate	80 mg	1.77
J3280	Thiethylperazine Maleate	10 mg	3.87
J3301	Triamcinolone Acetonide	10 mg	1.35
J3360	Diazepam	5 mg	0.64
J3364	Urokinase	5,000 IU vial	7.45
J3365	IV Urokinase	250,000 IU vial	372.54
J3370	Vancomycin HCl	500 mg	2.98
J3410	Hydroxyzine HCl	25 mg	0.15
J3420	Vitamin B-12 Cyanocobalamin	1,000 mcg	0.26
J3430	Phytonadione (Vitamin K)	1 mg	2.37
J3490	Unclassified Drugs		Acquisition Cost
Note: The National Drug Code (NDC) number, and dosage given to the client must be included in the remarks section of the claim form when billing unlisted drug HCPCS code J3490.			
Q4054	Darbepoetin alfa	1 mcg	3.06

Revenue Code	Description	Maximum Allowable Fee
	<u>EKG/ECG (Electrocardiogram) – Technical Portion Only</u>	
0730*	General classification	By Report

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Fee Schedule

Kidney Center Services

Revenue Code	Description	Maximum Allowable Fee
<u>Hemodialysis – Outpatient or Home</u>		
0821*	Hemodialysis/composite rate. Limited to 14 per client, per month. (Do not bill in combination with 831, 841, 851, or 880.)	\$199.42/per session
0825	Support Services (Home Helper)	By Report

Revenue Code	Description	Maximum Allowable Fee
<u>Intermittent Peritoneal Dialysis – Outpatient or Home</u>		
0831*	Peritoneal dialysis/Composite Rate. Limited to 14 per client, per month. (Do not bill in combination with 821, 841, 851, or 880.)	199.42/per session
0835	Support Services (Home Helper)	By Report

Revenue Code	Description	Maximum Allowable Fee
<u>Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home</u>		
0841*	CAPD/Composite Rate. Limited to 31 per client, per month. (Do not bill in combination with 821, 831, 851, or 880.)	85.47/per session
0845	Support Services (Home Helper)	By Report

Revenue Code	Description	Maximum Allowable Fee
<u>Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home</u>		
0851	CCPD/Composite Rate. Limited to 31 per client, per month. (Do not bill in combination with 821, 831, 841, or 880.)	85.47/per session
0855	Support Services (Home Helper)	By Report

Revenue Code	Description	Maximum Allowable Fee
<u>Miscellaneous Dialysis</u>		
0880	General Classification. Limited to 14 per client, per month. (Do not bill in combination with 821, 831, 841, or 851.)	199.42/per session
0881	Ultrafiltration	By Report

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Fee Schedule

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